

Coronavirus (COVID-19)
Assisted Living Facility
Weekly Frequently Asked Questions

On March 13, 2020, and in subsequent renewals, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic. Governor Abbott also directed state agencies to restrict visitors to assisted living facilities (ALFs) and other long-term care facilities to protect those most vulnerable to COVID-19 infection.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all ALFs via a regularly updated Frequently Asked Questions (FAQs) document.

With each update, this document will be arranged by date, and **if guidance changes from a previous week's FAQs, it will be noted in red font under that earlier FAQ.** Questions regarding these FAQs can be directed to Long-term Care Regulatory, Policy, Rules & Training, at 512-438-3161 or PolicyRulesTraining@hhsc.state.tx.us.

May 20, 2020

Where can we go to find the most up-to-date guidance and information from HHSC about the COVID-19 Pandemic? May we share COVID-19 information from HHSC with family?

Answer: HHSC has created a document called the Texas Health and Human Services [COVID-19 Response](#) for Assisted Living Facilities. This document is available on the HHSC [home page](#) for assisted living facilities at the link titled, "COVID-19 Response Plans for ALFs." It is updated as information and guidance changes, as this pandemic is an ever-evolving situation. You are welcome and encouraged to share this and any other general information and guidance HHSC puts forth regarding COVID-19.

May ALF residents go to hair and nail salons now that the state is allowing these establishments to open?

Answer: In light of the higher risks associated with COVID-19 infection for individuals over the age of 65, Governor Abbott, in his May 5, 2020, Executive Order [GA-21](#), "[strongly encouraged](#)" [people in that age category](#) "to stay at home as much as possible; to maintain appropriate distance from any member of the household who has been out of the residence in the previous 14 days; and, if leaving the home, to implement social distancing and to practice good hygiene, environmental cleanliness, and sanitation."

Consistent with the Governor's order, HHSC recommends that facilities continue to strongly encourage residents to leave the facility only for essential medical appointments, and to remind residents who do leave the facility to continue to follow [CDC guidance](#) on how to protect themselves and others by practicing social distancing and the protective personal hygiene habits. More specifically, when residents must leave the facility, remind them to:

- wash their hands or use hand sanitizer after touching any surface and before returning to the facility;
- avoid touching their face, particularly with unwashed hands;
- avoid crowds;
- stay at least six feet (about two arms' length) away from other people; and
- wear a face mask, if possible, while outside the facility and remove and, if it is washable, launder it upon re-entry to the facility.

May an ALF continue to offer group activities for residents?

Answer: Yes, ALFs may offer opportunities for virtual group activities and may continue to offer in-person activities that are planned to safeguard the health and safety of residents, as well as staff. An example of an activity planned to promote participants' mutual safety might be one in which participants wear facemasks; everyone maintains social distancing by staying or being organized to keep at least six feet apart from one another; and the activity is conducted in a group of no more than 10 people, including staff. At the same time, to minimize the risk of COVID-19 infection, while offering residents the benefits of the ALF's activities program, an ALF and its residents should balance activity planning and attendance with the Governor's recommendation for persons over 65 to stay at home as much as possible.

When will family members of residents be allowed to visit their loved ones in the facility again?

Answer: The most recent orders from the Governor extends the restrictions of all visitors to long-term care facilities except for those visitors providing critical assistance, as further explained in 26 Texas Administrative Code §553.45, Emergency Rule for Assisted Living Facility Response to COVID-19.

May family members bring things, such as a cell phone, toiletries or groceries, to a resident in an ALF if they don't physically enter the facility, but meet with a staff member outside to drop off the items?

Answer: Yes. HHSC suggests that the facility establish procedures for a family member to call to make arrangements for drop-off, with agreement to appropriate disinfection before staff brings the items into the facility.

What if an ALF has a resident for whom it is dangerous or impractical to wear a face covering when one would otherwise be called for, because of a mental or cognitive disability, a behavioral disorder, or another condition,

such as a co-occurring psychiatric disorder, it is dangerous or impractical for the resident to wear a face covering?

Answer: If you have a resident who does not have symptoms of COVID-19, and for some reason is not able to wear a face covering when one is otherwise called for, document the reason, and try to ensure that the resident follows the additional guidelines for controlling the spread of COVID-19, such as social distancing and frequent hand washing. Document any special exceptions or accommodations that the ALF deems necessary to protect the well-being or safety of a resident in your facility, as well as any additional measures taken to account for any added risks to others that may be posed by the exception or accommodation.

If an ALF has no positive or presumptive cases of COVID-19, can staff wear cloth masks in order to preserve their supply PPE in the event that someone in the facility later contracts the virus?

Answer: Per the CDC, cloth facemasks are not considered to be PPE, so ALFs should avoid staff use of cloth facemasks. However, if the facility has a low supply of PPE and there is no COVID-19 infection present in the facility, cloth face coverings are better for source control than no face covering. Contact the ALF's local health department or DSHS for assistance if the ALF has a shortage of PPE, without an adequate supply source. If the ALF is not able to get more PPE, document the shortage and inability to find a supply source, and document that the decision for staff to use cloth facemasks due to the shortage.

What if an ALF has N95 respirators but cannot find anyone to perform fit tests for staff? May the ALF still use the N95 respirators?

Answer: Guidance from the CDC regarding N95 respirators states they should be fit-tested. The CDC also acknowledges that a fit test may not always be possible during the COVID-19 pandemic. [Proper Respirator Use for Respiratory Protection Preparedness](#) is available from the CDC. Some manufacturer(s) of N95 respirators produce video guidance for training employees to properly fit the and perform user seal checks for their equipment. [One such video was created by 3M](#). The Occupational Safety and Health Administration (OSHA) also has a [Respirator Fit Testing Video](#) available if fit-testing is unavailable. If an ALF is unable to get its staff fit-tested and decides to use the N95 respirators, document that the ALF tried to obtain test kits or a testing specialist to perform fit tests and was not able to, and the specific steps the ALF took to train the employees to fit the masks properly.

OSHA's [Respiratory Protection eTool](#) is another resource available to ALFs for N95 respirator and fit-testing information and resources.

Is it mandatory that an ALF follow DSHS guidance regarding when and how an employee can return to work?

Answer: DSHS developed its strategies for healthcare personnel with confirmed COVID-19 returning to work based on current CDC guidance. While neither is mandatory, they provide guidance to aid ALFs in fulfilling their [obligation to protect their residents from the spread of disease infection](#).

Where should providers send questions prior to the ALF COVID-19 FAQ Webinars, so HHSC staff might be able to answer them during the next webinar?

Answer: Due to the limited time for the presentation of each webinar, submit questions in advance to PolicyRulesTraining@hhsc.state.tx.us. [Go to this page](#) on the HHSC website to sign up for upcoming webinars.

May 4, 2020

When can a provider employee return to work after being diagnosed with COVID-19?

Answer: The CDC offers guidance to help providers make decisions about employees returning to work following confirmed or suspected COVID-19. The CDC notes that these decisions should be made in context of local circumstances, and HHSC reminds providers that every employee, facility, and resident population requires individualized consideration.

According to the CDC, two options a provider can use to clear the employee to return to work are:

1. **Test-based strategy** – the employee can return when three conditions have been met:
 - a. Fever-free without the use of fever reducing medication **AND**
 - b. Cough and shortness of breath have improved **AND**
 - c. Negative results from at least two consecutive FDA Emergency Use Authorized molecular assay for COVID-19 that were taken at least 24 hours apart
2. **Non-test-based strategy** – the employee can return when two conditions have been met:
 - a. At least three days (72 hours) have passed since recover of fever and improvement in cough and shortness of breath **AND**
 - b. At least seven days have passed since symptoms first appeared

If the employee had a positive COVID-19 test but never showed symptoms, the CDC recommends excluding them from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test.

After the employee returns to work, both the provider and the employee must take necessary measures to ensure the safety of everyone in the facility. They should wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. They should also be restricted from contact with severely immunocompromised residents until 14 days after illness onset, and they should adhere to all infection control procedures including hand hygiene, respiratory hygiene, and cough etiquette. They

should self-monitor for symptoms and seek re-evaluation if symptoms recur or worsen.

Note: If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, base their return to work on the criteria associated with the diagnosis.

If the facility has a confirmed COVID-19 case, does the corporate office report it to the local health department in the county of the corporate office or of the facility?

Answer: When reporting confirmed COVID-19 cases to the local health department, it is important to report in the county where the individual is located. This enables accurate epidemiological data for hot spots, needed resources, case counts, etc.

If an ALF resident tests positive for COVID-19, how do we handle staff quarantine?

Answer: Providers will have to determine what kind of exposure (risk) their staff had with a resident who tests positive. If it is determined exposure occurred, the facility should follow these CDC guidelines:

- Staff in the high- or medium-risk category should undergo active monitoring, including restriction from work in any health-care setting until 14 days after their last exposure.
- Staff in the low-risk category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure.
- Staff who adhere to all recommended infection prevention and control practices should still perform self-monitoring, with delegated supervision as described under the low-risk exposure category.
- Staff in the *no identifiable risk* category do not require monitoring or restriction from work.
- Staff who have a community or travel-associated exposure should undergo monitoring as defined by the applicable risk category.

See the [CDC's guidance](#) for full details.

What can we expect as a facility after we make a report of a staff or resident that has tested positive for COVID-19? What kind of public resource response can we anticipate? Will HHSC or DSHS or the local health department come to the facility to assist?

Answer: The response will depend on the level of COVID-19 event a facility is experiencing or whether the facility requests assistance.

HHSC will serve as the lead state agency in the state's response to an LTCF COVID-19 event. HHSC actions will include:

- Development of testing recommendations, in consultation with DSHS
- Ensuring appropriate/assistance with resident movement
- Providing subject matter experts (SME)
- Coordination of HHSC, DSHS, emergency management and local actions

In addition to the activities above, HHSC will coordinate formation of the Texas COVID-19 Assistance Team – ALF (TCAT-ALF). This team will include representatives from HHSC, DSHS, local health departments (as applicable) and emergency management (as applicable). This team will assist facilities with management of a COVID-19 event through provision of SMEs, resource request management, and support to facility actions through initial response activation. The TCAT-ALF will remain available for a maximum of 48 hours from activation. State and local entities will provide SMEs and continued assistance after TCAT-LTC deactivation. See [COVID-19 Response for Assisted Living Facilities](#) for more information.

Will HHSC continue to perform surveys/investigations?

Answer: Long-term Care Regulatory (LTCR) will continue to investigate complaints and incidents (such as ANE), but surveys and investigations will be triaged at the immediate threat level. A streamlined infection control review tool will be used during these surveys, regardless of immediate threat allegation.

Additionally, LTCR will continue to conduct initial surveys.

What is the best thing to do for facilities that have staff that go to multiple facilities?

Answer: On April 17, 2020, Governor Abbott issued an [executive order](#) stating long-term care facilities should minimize the movement of staff between facilities whenever possible.

Can ALFs prohibit residents from attending routine doctor visits?

Answer: Ask residents not to leave the facility except for medically necessary purposes. Program providers can work with the resident to reschedule appointments for non-critical services, including routine doctor or therapy visits, or arrange for those services to be delivered through a method other than an in-person visit, such as by telephone, telemedicine, Skype etc.

Can ALF residents go outdoors on facility property (to the gazebo or within the fenced area of the property, for example) as a group so long as there are 10 or fewer?

Answer: CDC recommends the cancelation of all group activities. However, residents can go outside within a protected area – defined as an area restricted only to ALF residents and staff – if fewer than 10 people are in the area and they are all practicing social distancing (at least six feet between each person).

Can residents receive visitors and visit on ALF property but only outside?

Answer: No. On March 19, 2020, Governor Abbott issued an [executive order](#) stating people shall not visit long-term care facilities unless to provide critical services. For more information see [PL 20-23](#).

Are ALF residents, not suspected of having COVID-19, required to wear masks while they are receiving care or when out of their rooms?

Answer: Have residents wear a cloth face covering or facemasks whenever they are leaving their room, are in a setting in which increases the likelihood of coming within 6 feet of staff or other residents, are being provided care, or are leaving the facility for a procedure.

The purpose of having residents wear facemasks or cloth face coverings is to prevent the spread of coronavirus by resident unknown to have COVID-19.

For more information regarding cloth face coverings visit:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Where can I find available information on Facemasks and Respirators?

Answer: HHSC released [COVID-19: Questions and Answers Regarding Facemasks and Respirators](#).

Can COVID-19 be transmitted through food?

Answer: The CDC states that there is no evidence of transmitting the disease through food. For more information refer to the [CDC's Food Safety and Coronavirus Disease 2019 \(COVID-19\)](#).

How can I sign up for email alerts from Texas Health and Human Services?

Answer: Please visit the following link and select the topics you are interested in receiving alerts for:

<https://service.govdelivery.com/accounts/TXHHSC/subscriber/network>

How to put on (don) and take off (doff) PPE gear:

More than one donning and doffing method may be acceptable. The CDC provides guidance on [how to properly don and off PPE gear](#) and the [sequence for putting on PPE](#).

April 8, 2020

Should ALF residents be confined to their rooms?

Answer: If a resident is presumptive or confirmed to have COVID-19, then they should be confined to separate, well-ventilated areas such as private rooms with doors closed and private bathrooms (as possible). To avoid spread of COVID-19, facilities should do the following:

- Cancel communal dining and all group activities, such as internal and external group activities.
- Implement active screening of residents and staff for fever and respiratory symptoms.
- Remind residents to practice social distancing and perform frequent hand hygiene.

If there is a fire or an emergency medical situation, do emergency responders need to be screened before entering an ALF?

Answer: ALFs should not require screening of emergency services personnel in the event of an emergency.

Are vendors that inspect, test, and maintain fire systems considered essential, and should they be granted entry into an ALF?

Answer: Yes. These are considered essential services, and these vendors should be granted access if they are screened and follow the appropriate CDC guidelines for transmission-based precautions. See CMS [QSO-20-14-NH](#) and [CDC guidance](#).

How do ALFs get personal protective equipment (PPE)?

Answer: Providers must have personal protective equipment available. You should try to get PPE through your normal supply chain or through other resources available to you first. Some resources are sister facilities, local partners or stakeholders, Public Health Region, Healthcare Coalition, or [Regional Advisory Councils](#).

If you can't get PPE from vendor(s) and have exhausted all other options, reference the [State of Texas Assistance Request \(STAR\) User Guide](#) for instructions on submitting a request for supplies. Please note that this is not a guarantee of receiving PPE. Supplies of PPE may be insufficient to meet demand.

Providers who are having difficulty getting PPE should follow national guidelines for optimizing their current supply of PPE or identify the next best option to care for people receiving services from the provider while protecting staff. If providers are unable to get PPE for reasons outside their control, providers should document their attempts to obtain it to present to HHSC surveyors if requested.

For the most current guidance on the use of PPE and how to conserve PPE, access resources from [DSHS](#) and CDC. The CDC COVID-19 website has sections for [health care professionals](#) and [health care facilities](#).

Resources:

- State of Texas Assistance Request (STAR)
- Public Health Region
<https://www.dshs.state.tx.us/regions/default.shtm>
- Local Public Health Organizations
<https://www.dshs.state.tx.us/regions/lhds.shtm>
- Texas Division of Emergency Management:
<https://tdem.texas.gov/>

How can ALFs protect their staff?

Answer: Facilities must ensure they have an Emergency Preparedness Plan that addresses all required elements as addressed in 26 TAC [§553.44](#) including:

- Universal precautions by using PPE supplies, conservation strategies, and strategies to address possible shortages
- Staffing and contingency plans
- Provisions of health and safety services such as dialysis, oxygen and hospice
- Ensuring uninterrupted supplies such as linen, food, medications and other needed supplies

Facilities must comply with all infection control requirements as required in 26 TAC [§553.41\(n\)](#), including:

- Reinforcing strong hygiene practices for residents and staff such as proper handwashing, covering of coughs and sneezes and use of hand sanitizer
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility
- Regularly disinfect all workspaces such as nurse's stations, phones, and internal radios
- Actively and consistently monitor residents for potential symptoms of respiratory infections

The CDC provides additional guidance on [how to clean and disinfect](#) different surfaces throughout the facility.

Facilities should have PPE available, be equipped with soap, hand sanitizer and any other disinfecting agents to maintain a healthful environment and provider staff with adequate office supplies to avoid sharing.

How do providers report confirmed cases of COVID-19?

Answer: Contact the local health authority or the Department of State Health Services (DSHS). It is not necessary to double report a confirmed case to both the local health authority and DSHS. DSHS maintains a list of [local disease reporting contacts and links](#), as well as links to applicable legal requirements and general reporting instructions on its website.

In addition, an ALF must report to HHSC as a self-reported incident each confirmed case of COVID-19 in staff and individuals receiving services from the provider and any client who dies from COVID-19-related causes. A confirmed case is considered a critical incident. Providers must notify HHSC through [TULIP](#) or by calling Complaint and Incident Intake (CII) at 1-800-458-9858.

If a resident with presumptive or confirmed COVID-19 is being transferred to another healthcare facility does the ALF need to inform the receiving facility?

Answer: Yes, the ALF must inform the receiving healthcare facility that the resident is presumptive or confirmed to have COVID-19.

Where do ALF providers go for COVID-19 information?

Answer: Reliable sources of information include:

- [The Centers for Disease Control and Prevention](#)
- [The Texas Department of State Health Services](#)
- [The Health and Human Services Commission](#)

Is there a checklist available for ALFs that will help assess and improve our preparedness for responding to COVID-19?

Answer: Yes, CDC's [COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings](#) identifies key areas that ALFs should consider in their

COVID-19 planning. This tool can be used to self-assess the strengths and weaknesses of current preparedness efforts. This checklist highlights important areas to review.

Why can't I visit my loved one who is an ALF resident?

Answer: Per Governor Abbott's March 19, 2020, [Executive Order No. 3](#), ALF providers must prohibit all visitors not providing critical assistance given the significant health and safety risk to medically fragile residents posed by COVID-19.

During this time, the facility should provide alternate means of communication for people who would otherwise visit, such as virtual communications (e.g. video or telephone conferencing systems) to promote ongoing contact between residents and their loved ones. For additional information please refer to [PL 20-23](#).

When considering exceptions for end of life, does it apply to the relatives or loved ones of those residents who are under hospice care or only those are actively dying?

Answer: Facilities should decide on a case-by-case basis when a resident is near the end of life and follow CMS and CDC guidance for visitation. See [QSO-20-14-NH](#) and [CDC guidance](#).

If an ALF employee or an essential visitor has treated an individual or resident with confirmed COVID-19 but used the appropriate PPE while providing care can that person continue to treat ALF residents or are they prohibited from doing so for 14 days?

Answer: An ALF employee or essential visitor, that is providing services while using the appropriate PPE, is not prohibited from providing services to additional residents while being consistent with the CDC guidelines. If an employee has unprotected exposure, then the facility must make the decision to isolate the staff member while they monitor the signs and symptoms of the infection, also consistent with CDC guidelines, or ensure the employee goes home to self-quarantine.

Due to the evolving situation requiring frequent updates, the facility must continue to follow the most current guidance as provided by [Health and Human Services Commission](#) (HHSC), the [Centers for Disease Control](#) (CDC), the [Department of State Health Services](#) (DSHS) and your local public health department to reduce the risk of spreading the virus to residents served.